

# LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

Vol. II.

LOUISVILLE, JULY 1, 1876.

No. 1.

## MEDICAL AND SURGICAL HISTORY OF THE WAR OF THE REBELLION. PART II, VOL. II: SURGICAL HISTORY.

The volume before us is a royal octavo of 1,057 pages, prepared under the direction of the surgeon-general of the army, by Assistant-surgeon George A. Otis, and issued from the government printing-office at Washington, D. C., containing the record of 113,060 surgical cases as reported by 3,171 medical officers, illustrated by 35 lithographic, chromo-lithographic, Woodbury type and heliotype plates and 739 woodcuts. This, the second volume of the Surgical History of the War, stamps the work of Dr. Otis as the most magnificent contribution to military surgery that has appeared since man first began to inflict injuries upon his fellow men.

In order that connected notice of this great work may be presented to our readers, it will be necessary to briefly allude to the volume issued in 1870, Part I, Vol. II, Surgical History; for the ponderous tome before us is a continuation of the subject-matter of the first volume.

As early as June, 1862, the surgeon-general of the army announced the intention of publishing a Medical and Surgical History of the War of the Rebellion. The work, however, languished, and it was not until after the accession of the present accomplished surgeon-general to office that any real impetus was given to the work. By the executive abilities and indomitable energy of Surgeon-general Barnes all obstacles were overcome, and the series of circulars, so well known to the profession

and preliminary to this grand final work, were given to the world.

It will be remembered that Part I, Vol. II, opens with a chronological summary of engagements and battles, which specifies the date, locality, Union troops engaged, the Union loss and Confederate loss, etc.; and this was followed by an exposition of the statistics and detailed reports of special wounds and injuries of the head, face, neck, spine, and chest, a chapter being devoted to each grand division, which were again divided into sections, and concise details of all the individual facts of 49,016 cases (as it was possible) were embodied in the work. These facts were obtained from all authentic sources. Such Confederate records as could be obtained were utilized; they were the consolidated monthly reports of sick and wounded in the Army of North Virginia from 1861 to 1863, large numbers of hospital registers, case books, diet and prescription books, and records of administrative and miscellaneous memoranda, from all of which details of cases were gleaned.

The volume was illustrated by thirteen lithographs and chromo-lithographs and three hundred and thirteen woodcuts. In it, although the preliminary matter and the detailed reports were so great as to occupy much of the space, still the original matter embodied therein enhanced the already brilliant reputation of the author; to stamp him as a man of vast erudition as a careful, clear, and comprehensive reasoner; to class him high among the greatest of surgical historians; and to intensify the desire of the medical public for the succeeding volumes. A noticeable feature of the initial volume

was the bibliographical references and the comprehensive summary given of the expressed views of all surgical writers.

The contents of Vol. II are comprised in four chapters respectively: Chap. vi, Injuries of the abdomen, pp. 208; chap. vii, Injuries of the pelvis, pp. 221; chap. viii, Flesh wounds of the back, pp. 6; chap. ix, Wounds and Injuries of the upper extremities, pp. 590. Chap. vi is subdivided into three sections, treating of (1) contusions and wounds of the abdominal parietes, under which is discussed punctured and incised wounds, lacerated and contused wounds, rupture of muscles, gunshot flesh wounds, and complications of parietal wounds; (2) visceral injuries without external wounds, relating to ruptures of the liver, spleen, kidneys, stomach, intestines, omentum and mesentery, blood-vessels, and diaphragm; (3) penetrating wounds of the abdomen, under which head is discussed simple penetrations and perforations without visceral injury; wounds of the stomach, small and large intestines; abnormal anus; wounds of the liver, spleen, pancreas, kidney, suprarenal capsule, omenta, mesentery, and blood-vessels, with complications. The frequency of abdominal wounds and the mortality arising therefrom, and the remarks of the author upon the diagnosis and treatment of injuries of these classes, with the bibliography, closes the chapter.

Our readers will observe that a complete text-book treating of abdominal injuries has been mapped out; but upon going carefully over the text it will be found that the phrase "digest" is more applicable, since the entire literature of the subject for the past two centuries has been carefully studied, the cream abstracted and placed at the disposal of the readers.

Under the head of punctured and incised wounds of the parietes we are informed that sword wounds were infrequent, that bayonet wounds were more common, but that by far the greater number of wounds from such weapons were found to have penetrated the abdominal cavity. The arguments of Guth-

rie and Tripler in favor of passing sutures through the integuments only in dressing such wounds are set upon one side, as such ancient fallacies deserve, and the adoption of the quilled suture passed through the muscular tissues is advocated. Of lacerated and contused wounds sixty-eight cases are specified. Of rupture of the abdominal muscles a typical case is related, and attention is called to the fact that such ruptures may occur during tetanic spasm, violent gymnastic efforts, or *in coitu*. From the latter cause one case was reported during the war as occurring at Newbern.

Of gunshot flesh wounds 4,577 cases are recorded. Of these 2,581 are reported as penetrating wounds; and they will be found to have been exhaustively discussed, but at the same time presented in a condensed form. The complications treated of are hemorrhage and its management; the presence of foreign bodies, under which head it is noted that the fatal instances recorded were those in which the extraction of the foreign body was delayed, and the suggestion of Guthrie that such bodies "are often better left alone" is declared unsound; gangrene; hernia; nervous disorders; of the latter it is noted that but few cases of abdominal wounds reached the military hospital for nervous affections at Philadelphia, under the care of Mitchell, Morehouse, and Keene, but twenty cases appear in which partial paralysis in one or both of the lower extremities was attributed to shot wounds of the parietes; tetanus; but eleven cases are recorded as occurring from gunshot flesh wounds; ten of these were fatal. The section is closed with the following remarks:

"The survey of this large group of cases of injury of the abdominal walls indicates the proportion of instances in which troublesome complications arise; the necessity of enlarging wounds to control hemorrhage, to remove foreign bodies, or to prevent the confinement of pus; the necessity of promoting cicatrization by position, bandaging, and sometimes by sutures; and of averting peritonitis by quietude and the use of opium."

The practice of "modern British writers of the *parrot-like iteration* of the censures

of Hunter upon the abuse of *débridement* by continental surgeons is condemned in cases where the enlarging of wounds to tie bleeding vessels or to remove foreign bodies, and of early intervention in threatened supuration, is almost universally conceded."

In section 2 the effects of contusions of the abdomen upon the entire visceral mass is discussed.

Five cases of rupture of the liver are reported, four of which proved speedily fatal from hemorrhage or peritonitis. In one case, caused by a large spent fragment of shell, the patient survived for forty-eight days, when the autopsy developed that "the superior posterior portion of the right lobe of the liver was very much lacerated, the substance of this portion of the organ being reduced to a pulp, breaking down under pressure, and showing a complete line of demarcation between the injured and healthy parts."

Of ruptures of the spleen two cases typical of the accident are recorded; of the kidney four cases; and it is stated that while no instances are specified of ruptures of the gall-bladder, of the hepatic or common duct, ureter, pancreas, or supra-renal capsules, "yet a number of fatal cases were recorded in which visceral ruptures were diagnosticated, where opportunity to ascertain the extent and nature of the lesion were either not afforded or not improved." The same remark applies to rupture of the stomach.

Of ruptures of the intestines five cases are reported in detail, and the lesion is depicted in a perfect photographic print. It is stated "that ruptures of the membranous viscera are more fatal than wounds of the same parts, or than wounds or ruptures of the solid organs."

The remaining injuries (*i. e.*, those already stated) are treated of in their order, and the section closes with remarks upon the diagnosis and treatment of these injuries, and the reiteration of the statement "that no cases of sudden death ascribed to a blow on the abdomen, without attendant organic lesion, have been reported, although current

opinion is adverse to this statement, and opposite assertions have been made."

"There have not been wanting reports of alleged traumatic effects from the wind of balls; but since experience, fully in accord with theory, has shown that the air displaced by large projectiles undergoes no chemical or physical modification, and that its displacement can not exert any deleterious effect upon the tissues, and this has been lately demonstrated experimentally, such reports do not appear to merit serious consideration."

In section 3 simple penetrations and perforations, without injury to the viscera, are first considered, and after careful review dismissed with the following remark:

"It must be concluded, then, that really simple penetrating wounds of the abdominal cavity—that is, penetrations or perforations without visceral lesion—are very rarely inflicted, either by sharp or blunt weapons or by shot; and that most of the apparent exceptions are explicable by one or the other of two conditions: either that the true course of the weapon or projectile evades the cavity it apparently enters, or else, traversing the cavity, is really associated with injuries of the viscera, with lesions usually unattended by extravasation and susceptible of repair."

Of wounds of the stomach and their sequelæ twenty-nine illustrative cases are given, and the concluding observations are based upon the summing up of four fatal punctured or incised wounds, one incontestable recovery from a shot perforation, and nearly sixty fatal cases of more or less complicated shot-wounds of the stomach. In the surgical treatment of such injuries the sutures of Jobert and Lembert are recommended.

Wounds of the small intestines are illustrated by the details of thirty cases and numerous illustrations, and of the large intestines by eighty-five cases, selected from an aggregate of six hundred and fifty cases that appear upon the records.

In about one fifth of the instances recorded of wounds of the large intestines an artificial anus was formed and remained open; and the subject in all its bearings will be found discussed. In the treatment of this class of injuries enteroraphy is advocated; and the various methods of Palfyn, Lapeyronie, Le Dran, Reybard, the four masters, Duverger, Denans, Ramdohr, Jobert, Lembert, Gély,

Emmert of Bern, Bertrandi, and others are carefully reviewed.

Of wounds of the liver deductions are drawn from a series of one hundred and seventy-three cases.

Of wounds of the spleen eighteen cases are detailed, and a tabular statement of the recorded operations of splenotomy is exhibited, which demonstrates the fact that in sixteen of the twenty-six cases the operation was performed from traumatic necessities, with the surprising result that these cases, without exception, terminated favorably.

Five cases of wounds of the pancreas are reported; and the observations tend to establish the fact "that a portion of the viscus may be separated by violence from the splenic artery and other important attachments, that it may protrude through an external wound, and may be removed without hazardous consequences.

Wounds of the kidney, supra-renal capsules, of the omentum, mesentery, and blood-vessels are carefully illustrated.

The complications of penetrating wounds of the abdomen treated of are hemorrhage, foreign bodies, visceral protrusions, abdominal effusions, and traumatic peritonitis. Extravasations are considered in the following order: (1) effusions of blood, (2) of bile, (3) of urine, (4) of fæces, (5) of pus, (6) of gas. As to the frequency of wounds of the abdomen, it is recorded that about a tenth of those slain in battle perish from injuries of the abdomen, and that from three to four per cent of the wounded who come under treatment are wounded in the abdomen. As to the mortality of such wounds, about fifty per cent were reported as fatal. The chapter closes with remarks upon the diagnosis and treatment of such cases.

In attempting a condensed notice of this wonderfully interesting chapter—a chapter which is a treatise itself without a superfluous word or thought—one can not but become impressed with the almost hopelessness of the task of conveying even a faint idea of the vast amount of facts therein contained in the space at our command.

The interest of the student will not be confined alone to the text, for the copious foot-notes will be to him a mine for thought and research.

After the exhibition of such magnificent results, Congress can scarcely fail to provide in the most liberal manner for the further prosecution of this work.

The succeeding chapters will be noticed in subsequent numbers.

### ESCAPE OF THE PHENOMENON.

It may be remembered by our readers that on several occasions we have referred to the following singular clause in the advertisement of the Phenomenon—"it is believed that while any chartered medical institution will justly forfeit the respect, confidence, and support of the profession if it gives two graduating courses in one year," the Kentucky School will not, the following being the exhibit of the Kentucky *alias* Louisville, and the Louisville *alias* Kentucky:

LOUISVILLE MED. COLLEGE.	KY. SCHOOL OF MEDICINE.
Terms begin Oct. 1st and end last of Feb'y.	Terms begin March 1st and end in June.

H. M. Bullitt,	H. M. Bullitt,
J. A. Ochterlony,	J. A. Ochterlony,
John Goodman,	John Goodman,
J. A. Ireland,	J. A. Ireland,
J. M. Keller,	J. M. Keller,
J. W. Maxwell,	
C. W. Kelly,	C. W. Kelly,
A. B. Cook,	A. B. Cook,
C. W. Wright,	C. W. Wright,
G. J. Cook,	G. J. Cook,
E. S. Gaillard, Dean.	E. S. Gaillard, Dean.

Same building, same wax model, same mannikin, etc.

The advertisement here referred to was printed on the back of the Phenomenon's organ, the American Medical Weekly, and continued to contain the singular clause, buried in a mass of bosh, we thought, up to the present time; but, behold! it appears that while on April 1st the Phenomenon flaunted these colors, on April 8th they were struck! and here it is nearly July, and we have just found it out. We begin to think there must be some truth in the Chicago Journal's remark about our not reading the papers; but the fact is, the Phenomenon



has been a great care to us, has forced us to attack it on so many points, that we are partly excusable for not noticing its flight from one of its positions. Now that we have made it acknowledge that it was fighting under a false flag on one point, wo'n't it come to terms on the others? If it will only surrender the nine-months' policy, the double-diploma system, and the beneficiary scholarships, we will allow it all the honors of war; it may march out with drums beating and colors flying. There is not a blood-thirsty desire in our bosom. We will not only raise the siege ourselves, but we will try to persuade the Boston and New York and Philadelphia and Chicago batteries to throw no more shots. Come, Phenomenon, now's your chance. We must make it hungry for you before next winter if you do n't take it.

#### ONE MORE UNFORTUNATE.

The following circular came with the annual announcement of the college named in it. We regret sincerely to see another institution resorting to the miserable dodge of "beneficiary scholarships." It is n't as bad as the Phenomenon's drag-net, however. The prices are printed in the circular. We are glad to see the beneficiaries are to be "known as such only." It is kept a dead secret elsewhere. Not an Ortolan or a Bobolink has the faintest suspicion of who the man is who paid—the \$120:

"COLLEGE OF PHYSICIANS AND SURGEONS,  
"BALTIMORE, MD.

"Dear Sir—We receive a limited number of beneficiary students, preference being given to the sons of physicians and clergymen. You are hereby empowered to confer the beneficiary privilege on any deserving young man whom you may select. The fees for the beneficiary are: Matriculation fee, \$5; demonstrator's fee, \$10; beneficiary fee, \$35. They are known as such only to the faculty, and are granted all the privileges and advantages which the institution affords.

"Should you avail yourself of this offer, please make your selection at an early date.

"Very truly, THOMAS OPIE, M. D.,  
"Dean of the Faculty."

#### AMERICAN MEDICAL COLLEGES.

A convention of representatives of numerous medical colleges of the United States was held in the hall of the Jefferson Medical College, of Philadelphia, June 2d and 3d, 1876, in pursuance of the following call:

LOUISVILLE, KY., May 15, 1876.

Following a general correspondence with the various medical colleges of the United States, the undersigned issue this call for a convention, to be held in Philadelphia, on Friday, June 2, 1876, four days in advance of the meeting of the American Medical Association. The object of the convention is to consider all matters relating to reform in medical college work.

That decided results may be reached, the faculty of each college is requested to send one or more delegates, clothed with *plenary* powers to determine final action on every question.

Should any college find it impracticable to send a representative it is hoped that it will set forth fully by letter to the convention the views it may hold touching the suppression of existing evils and methods of practical improvement.

Officers of the following colleges have informally signified their hearty approval of the movement:

Jefferson Medical College, College of Physicians and Surgeons (N. Y.), Bellevue Hospital Medical College, Ohio Medical College, Miami Medical College, Rush Medical College, Detroit Medical College, Louisville Hospital Medical College, Medical Department of University of Louisville, St. Louis Medical College, Keokuk Medical College, Cleveland Medical College, Starling Medical College, Medical Department of Georgetown College, Medical Department of Columbian University, Long Island College Hospital, Medical Department of Syracuse University, Evansville Medical College, Indiana Medical College, Medical Department of University of Nashville, Atlanta Medical College, Mobile Medical College, Savannah Medical College, Augusta Medical College.

The convention will be called to order in the hall of the Jefferson Medical College at 11 o'clock A. M. on the day above named.

J. B. BIDDLE, M. D., *Jefferson Med. Col.*  
WM. H. MUSSEY, M. D., *Miami Med. Col.*  
JOHN T. HODGEN, M. D., *St. Louis Med. Col.*  
J. ADAMS ALLEN, M. D., *Rush Med. Col.*  
W. T. BRIGGS, M. D., *Med. Dep't Univ. Nashville.*  
J. M. BODINE, M. D., *Med. Dep't Univ. Louisville.*

At the hour named the following representatives assembled:

Jefferson Medical College, Prof. J. B. Biddle and Prof. S. D. Gross; Medical Department University

of Pennsylvania, Prof. R. E. Rogers; College Physicians and Surgeons of New York, Prof. Edward Curtis; Medical Department University of Louisville, Prof. L. P. Yandell, jr., and Prof. J. M. Bodine; Hospital College of Medicine of Louisville, Prof. J. A. Larrabee and Prof. T. C. Wilson; Long Island Hospital Medical College, Prof. J. H. Raymond; Medical Department University of Iowa, Prof. E. Clapp; College of Physicians and Surgeons Syracuse University, Prof. H. B. Wilbur and Prof. Van Dyne; Chicago Medical College, Prof. L. Curtis; Medical Department University of Georgia, Prof. E. Geddings; Indiana Medical College, Prof. T. B. Harvey and Prof. L. D. Waterman; Medical Department University of Wooster, Prof. W. J. Scott; Cleveland Medical College, Prof. J. H. Bennett and Prof. Heims; Detroit Medical College, Prof. E. W. Jenks and Prof. L. Connor; Starling Medical College, Prof. S. Loving; Medical Department University of Vermont, Prof. H. D. Holton; St. Louis Medical College, Prof. J. L. B. Alleyne; Atlanta Medical College, Prof. W. F. Westmoreland; Medical Department University of Nashville, Prof. W. T. Briggs; Medical Department Vanderbilt University, Prof. T. A. Atchison; Missouri Medical College, Prof. A. P. Lankford; Keokuk College Physicians and Surgeons, Prof. J. J. M. Angier; Columbus Medical College, Prof. J. F. Baldwin.

On motion of Prof. Yandell, Prof. J. B. Biddle was elected president of the convention; and on motion of Prof. Bennett, Prof. Leartus Connor was elected secretary.

On motion of Prof. E. Curtis, it was

*Resolved*, That the action of the convention shall not be considered binding upon the colleges represented unless indorsed by their respective faculties.

On motion of Prof. Gross, it was

*Resolved*, That a committee be appointed to submit business for the consideration of the convention, to report at the afternoon session.

The chair appointed as this committee Profs. Bodine, Gross, Geddings, Holton, and Scott.

The convention adjourned until 4 P. M.

Pursuant to adjournment, the convention reassembled at 4 P. M., the president in the chair.

The minutes of the last meeting were read and approved.

Prof. Bodine, from the committee to prepare business for the convention, reported the following questions for its consideration:

1. Shall the beneficiary system, with its present abuses, be condemned or indorsed?

After discussion, on motion of Prof. E. Curtis, the following preamble and resolutions were adopted with reference to question first:

*Whereas*, The practice of reducing or remitting in

individual cases the established fees of a college has the objectionable feature of discriminating between students who may be equally deserving, and opening the door to possible gross abuses; therefore,

*Resolved*, That this convention regards the above privilege as one to be deprecated in general, and if put into practice at all, to be exercised both rarely and reluctantly, and only in unusual circumstances, and after unsolicited application by proven deserving candidates.

*Resolved*, That any thing like a wholesale system of such reduction or remission of established fees, or any open solicitation of recipients of such favors, be regarded as in the highest degree improper, and that any college indulging in such practices deserves to forfeit its place on the *ad eundem* list of medical colleges.

Question 2. Shall two consecutive courses of lectures in one year entitle students to become candidates for graduation?

On motion of Prof. E. Curtis, it was

*Resolved*, That it is the opinion of this convention that no two consecutive sets of lecture tickets shall be regarded as fulfilling the usual prerequisites of instruction for graduation, where the time between the beginning of the first course and the end of the second is less than fifteen months.

Question 3. Shall any faculty under any circumstances issue a diploma not bearing the graduate's name?

On motion of Prof. Waterman, it was

*Resolved*, That no medical faculty should issue a diploma not bearing the graduate's name.

It was ordered that the meetings of the convention shall be at 10 A. M. and 4 P. M.

On motion, the convention adjourned.

The convention reassembled on Saturday, June 3d, at 10 A. M., the president in the chair. The minutes of the previous meeting were read and approved.

On motion of Prof. L. P. Yandell, jr., the regular order of business was suspended, and communications were read from the faculties of the following medical colleges: Louisville Medical College, Kentucky School of Medicine, Evansville Medical College, Rush Medical College, Medical Department University of Louisiana, Medical School of Harvard University, Savannah Medical College, Cincinnati College of Medicine and Surgery, Medical College of State of South Carolina.

On motion of Prof. Atchison, these communications were placed on file.

Question 4. Shall this convention resolve itself into a permanent organization?

On motion of Prof. Atchison, it was

*Resolved*, That the question be referred to a committee of five, to report at the afternoon session.

The chair appointed as this committee Profs. Atchison, L. Curtis, E. Curtis, Vandell, and Scott.

On motion of Prof. Rogers, the president and secretary of the convention and Prof. Atchison were appointed a Committee on Publication.

Question 5. Is there any reason why the customary diploma fee shall be abolished?

On motion of Prof. Rogers, it was

*Resolved*, That it is the sense of the convention that the diploma fee should not be abolished.

Question 6. Is it advisable to adopt a graded course of study?

On motion of Prof. Bodine, the following preamble and resolution were adopted in reference to this question:

*Whereas*, A knowledge of the elementary branches of medicine should precede a study of the practical branches;

*Resolved*, That in the hope of inducing students to prolong and systematize their studies this convention recommends to all medical colleges to offer to students the option of three courses of lectures, after a plan similar to the following: Students who have attended two full courses of lectures on anatomy, chemistry, materia medica, and physiology may be examined upon any of these subjects at the end of their second course. During their third course such students may devote themselves to the lectures upon the theory and practice of medicine, surgery, obstetrics, and diseases of women and children, upon which subjects only they shall be examined at the final examination for the degree of M. D.; their standing, however, to be determined by the results of both examinations.

On motion, adjourned till 4 P. M.

The convention reassembled at 4 P. M., the president in the chair. The minutes of the last meeting were read and approved.

Prof. Atchison, from the committee to whom the subject of permanent organization was referred, reported the following resolutions:

*Resolved*, That this convention now proceed to form a provisional association of American medical colleges, under its present officers.

*Resolved*, That when the Association adjourns it shall adjourn to meet at the call of its president.

*Resolved*, That the various medical colleges be invited to take into consideration the project of forming, at the next meeting of this provisional association, a permanent association of American medical colleges.

*Resolved*, That for the furtherance of this object a committee of three be appointed at this meeting to confer by letter with the various colleges, and invite their views on the proper object and plan of such proposed organization; and upon the receipt of the same

to draft a constitution and by-laws for a permanent association, to be submitted at the next meeting of this Association.

*Resolved*, That the advisory resolutions upon matters of college policy passed by this convention be printed and forwarded to all regular medical colleges in the United States for their consideration.

The chair appointed as committee to carry out the foregoing resolutions Prof. T. A. Atchison, Prof. Edward Curtis, and Prof. L. P. Vandell, jr.

These resolutions were adopted, and the convention resolved itself into the Provisional Association of American Medical Colleges.

Question 7. Is it proper for a regular college to have any kind of alliance with homeopathy?

On motion of Prof. Atchison, it was unanimously

*Resolved*, That in the opinion of this Association medical colleges ought not to recognize or hold fellowship with any school or its alumni in which irregular medicine is taught as a part of the curriculum.

Question 8. Can college fees be made uniform?

On motion of Prof. Geddings, this question was referred to a committee of five, to report at the meeting of the Association to be held in 1877.

The chair appointed Profs. Geddings, Gross, Angier, E. Curtis, and L. Curtis this committee.

On motion of Prof. Biddle, the following resolution was unanimously adopted:

*Resolved*, No degree in medicine should be conferred, under any circumstances, except after an examination in person of the candidate upon all the branches of medicine.

On motion of Prof. Atchison, the thanks of the Association were tendered to the president for the able and impartial manner in which he had discharged the duties of the chair.

On motion of Prof. Vandell, the thanks of the Association were tendered to the secretary for his efficient services.

On motion of Prof. Larrabee, the thanks of the Association were tendered to Jefferson Medical College for the use of the hall and other courtesies.

On motion, the Association adjourned to meet at the call of the president.

J. B. BIDDLE, M. D., *President*.

LEARTUS CONNOR, *Secretary*.

## Correspondence.

### SYME'S AMPUTATION.

Your issue of the 10th ult. contains a brief review of "A Prize Essay upon the Surgical Anatomy of the Tibio-tarsal Articulation, with special reference to Anaputa-

tions at this Joint. By John A. Wyeth, M.D." In that review you call attention to the opinion of Dr. Wyeth "from the standpoint of surgical anatomy," that Erichsen is wrong in directing the incision in Syme's amputation to be carried "well back over the point of the heel," and you add that he (Dr. Wyeth) "shows that the incision recommended by Prof. Gross, which comes *well forward* (making the cup-shaped flap) is the *only* safe one to avoid the arteries which are to nourish the flap."

Now, with all due deference to Dr. Wyeth and his surgico-anatomical standpoint (and far be it from me to depreciate the reliability of that standpoint as a general rule), I respectfully submit that from the *far higher standpoint of actual practical experience*, tested in hundreds of cases, his deduction in this instance is erroneous, and if left uncontradicted is in danger of encouraging a most unsafe doctrine.

With all deference to my illustrious friend, Dr. Gross, I respectfully submit that he has permitted a most glaring inconsistency to appear between the letter-press which *describes* and the engraving which *illustrates* his teachings on this point; the former being *correct* and the latter the *reverse*. (See page 1035, vol. ii, ed. 1866, of his *System of Surgery*.) Erichsen's *description* and *illustration* being precisely in accordance with those of Syme are correct, and can not be improved upon from *any standpoint*.

The concluding sentence of your review, which reads "Syme's operation is certainly not a favorite one among operators in this country," is either a *lapsus penna* on your part or it is a humiliating commentary on "operators in this country."

In the light of the recent discussion in the surgical section of the American Medical Association, in the course of which I had the boldness to claim for Syme's operation the superiority over *all* the amputations in the neighborhood of the ankle, and in which I was heartily indorsed by such distinguished men as James R. Wood, of New York; Hodggen, of St. Louis; Darby, of

New York; Hewson and Quimby, of Philadelphia; and I may say *by the section as a whole*—I say, in the light of this one fact, to say nothing of others which might be adduced, but for my unwillingness to take up too much of your valuable space, I still cherish the hope that you have inadvertently and unintentionally misrepresented the profession in this particular.

DONALD MACLEAN.

UNIVERSITY OF MICHIGAN, June 20, 1876.

P. S. I may mention one little fact which the recent discussion at Philadelphia elicited. Prof. James R. Wood there stated, on the authority of the surgeon-general of the Russian army, that *Pirigoff as a general rule performs Syme's operation*. And still Pirigoff's is the only one that has ever seriously been regarded as a rival of Syme's. D. M.

I am in receipt of the circular of the American Mutual Benefit Association of Physicians, and wish to make of you a few inquiries in regard to the association: Is the association managed economically? What are the annual salaries of the officers? Are the securities of the officers fully responsible? What is the amount of money on hand? How much has been paid in since the organization of the association? We must look to you for reliable information upon this subject.

MEDICUS.

LOUISVILLE, KY., June 20, 1876.

[The gentlemen connected with the association are welcome to use our columns in reply, should they so desire.]

## Reviews.

**An Elementary Treatise on Diseases of the Skin.** For the use of Students and Practitioners. By HENRY G. PIFFARD, A. M., M. D., Professor of Dermatology, University of New York; Surgeon to Charity Hospital, to New York Dispensary for Diseases of the Skin, etc. New York: McMillan & Co. Price, \$4.

This is the latest word on skin diseases. It is beautifully printed on excellent paper,



and is written in the purest, most forcible, and concise English. Dr. Piffard is an enthusiast in his specialty, and his work is one of which the profession in America has reason to be proud, and one which dermatologists every where will welcome to their libraries.

The anatomy and pathology of the subject are fully illustrated by wood-cuts and microphotographs. As to treatment and prognosis, dermatologists differ widely, and we are not in accord with Dr. Piffard in all his teachings, but in the main he represents the prevailing theory and practice of the day, and we commend the work to our readers.

L. P. Y., JR.

### Selections.

TREATMENT OF ALBUMINURIA.—The British Medical Journal of June 3d contains the "Croonian Lecture" of Dr. Dickinson on the pathology and relations of albuminuria, from which we extract the concluding paragraphs upon treatment: "The disorders of the vital gland in question afford no exception to the rule that medicine must not be limited by the bounds of the *materia medica*. The circumstances of ordinary life, food, drink, and temperature are to be considered as of the first importance; while the contents of the *Pharmacopœia* occupy the position of auxiliaries, whose services sometimes decide the battle, and at others are dispensed with without loss. Therapeutics to be successful must have a physiological basis. To give rest, as far as may be, to an inflamed structure is an old and sound maxim; and it is not less obvious in regard to the system at large that if a great channel of exit be obstructed the materials which therefore tend to accumulate should be sparingly introduced. The diet with albuminuria, save with that of lardaceous origin, in which the secreting power is until late little interfered with, while an exhausting discharge may have to be obviated, should be below the custom of health in its nitrogenous components. It may abound in milk and farinaceous matter, while fish may often take the place of flesh. The increase of albumen in the urine upon a too early resort to a meat-diet is a common experience. With regard to liquids, it can not be too strongly insisted upon that the functional strain upon the kidney is not to be measured by the quantity of water which filters through it, but by the quantity of refuse, mainly nitrogenous, which it has

to convert and eliminate. Water, which probably transudes almost as through dead membranes, probably makes little demand upon the real secretive function. The worst kidneys, indeed, those most hopelessly incapable of their special work, will often discharge most of it; and it is easy to see that its passage, not to be regarded as the result of glandular effort, is salutary, both in the dilution of scanty and irritating urine, and also in washing out the solid products which, under the inflammatory process, collect mischievously in the tubes. A further use is to be discerned in this law. The solids of the urine vary with its water. With given kidneys the solid excreta wax and wane with the bulk of the urine. Any means, therefore, mere aqueous filtration as safely as any, which increases this will also magnify the components of the secretions which are essential to life. With tubal nephritis, therefore, and scanty urine an aqueous dietary, even with the addition of distilled water, or the element in some slightly sophisticated shape, will prove in every sense beneficial. In many, perhaps in most, cases of nephritis of tubal origin, these remedies of patriarchal simplicity, "spare diet and spring water clear," are all that are needed to guide the disorder to its natural cure. To this surest and safest of diuretics others must often be added, both to lessen dropsy and to avert the dangers of uræmia. The old rule is that in recent cases digitalis should be used. It seldom fails to increase the flow of urine; but I am not sure that it does not sometimes do so with some exasperation of the inflammatory action. The bitartrate and acetate of potash, which have a purgative as well as a diuretic action, may probably be safely resorted to; and in chronic cases as much as may be done harmlessly by diuretics may be accomplished by means of scopolarium, niter, and juniper. Cantharides and the more irritating agents of this class are generally distinctly injurious. Perhaps, next to a regulation of the diet, it is most important to secure a daily and somewhat loose action of the bowels. Purgatives lessen the vascular tension which in both acute and chronic cases is a measure of their danger; and while it is not advisable too largely to divert the urinary fluids by severe catharsis, increased hardness of the pulse, and other more obvious aggravations of the general state, seldom fail to ensue upon constipation. When cerebral uræmia is threatening hard purging by elaterium or otherwise is essential. As an habitual laxative a drug less used than it deserves to be, sulphate of potash, given two or three times a day in doses of from ten to twenty grains, is sometimes invaluable. It may be aided, if necessary, by Epsom salts or cream of tartar. This, or these, in their laxative action clear the obscured or blood-spotted retina and remove the mists from the field of vision, slowly and not always completely, but in

a manner which presents a remarkable contrast to the inutility of iron in this respect, and affords a testimony as to the use of alvine evacuations in lessening the arterial tension of which such lesions are the index. The chronic headache of the granular kidney is often similarly and equally relieved. While by such means the system is enabled to dispense, as far as may be, with renal function, it must be asked whether, particularly in circumstances of recent inflammation, any thing can be done directly toward the cure of the injured organ. Discarding counter-irritation as a method of punishing the skin for the errors of organs which have no conscience to be touched by vicarious chastisements, it must be admitted that, beyond insuring sufficient irrigation of the tubes, our chief endeavor is to provide the gland with leisure to cure itself. But it is worth mention, in relation to a rapidly fatal form of nephritis, in which the tubes become widely sealed up as if with molten glass by a pseudo-croupous exudation of fibrin, the urine being almost suppressed, while the little that is passed is loaded, not only microscopically but as a bulky precipitate, with large fibrinous cylinders, that all plugging of the tubes from this cause can be prevented by alkalis. Alkaline urine is a solvent for fibrin, and with this in process of secretion the exudation retains its fluidity, and whatever harm it is capable of doing by solidifying in the tubes is obviated. The experiment is easy of trial. However numerous fibrinous casts may be, and I need not say that this term comprises all that are usually passed, they will, upon the alkalescence of the urine, quickly cease to appear, to return again with its acidity. There are cases in which such relief to the tubes must avert a pressing danger; but it is disappointing to recognize, as I fear we must, that the process of renal inflammation is seldom so simple as to admit of cure by this means. I may be permitted to say a word touching the use of iron. The impoverishing effect of albuminuria, possibly from the destructive action of the retained refuse upon the blood corpuscles, produces a pallor which can not but suggest this remedy; and in recovery from attacks of renal inflammation none is more helpful. But a medicine which is effective for good is generally, and in somewhat the same measure, effective for harm; and iron in chronic albuminuria needs to be administered with more discrimination than it perhaps always receives. With high vascular tension, such as belongs to the granular kidney, with a hard pulse for its sign, an enlarged heart, retinal mischief, and possibly persistent headache and nausea as its concomitants, iron, however seemingly indicated by the look of the patient, is generally injurious, unless most guardfully anticipated and counterpoised by aperients. The perchloride, among other salts, is often of special service in dropsy; but where the

vessels are not thus relieved, and the symptoms which threaten are uræmic, this drug is generally better withheld. In any condition it seldom fails to do harm if allowed to constipate, a result which may be obviated by mixing the ferruginous salt with sulphate or bitartrate of potash.

"In the treatment of granular or lingering nephritis, climate should take no secondary place. Every organ of the body, according to the teaching of ancient medicine, was subject to a separate planetary or celestial rule; a fancy which has at least this much of truth, that functional activity, and with it the liability to disease, are apportioned among the eliminating organs largely by external temperature or solar influence. In the tropics, the stress falls upon the skin and the liver; in the temperate zone, upon the lungs and the kidneys. The comparative exemption of the kidneys from disease, save of the lardaceous kind, appears, as far as our evidence goes—and the experience of our ubiquitous race makes it tolerably extensive—to be common to the warmer latitudes; and the inference that, under the same atmospheric influence, chronic albuminuria, when not of lardaceous origin, would find perhaps not organic cure, but at least systemic relief, has been amply justified by recent experience.

"Not to dwell upon the treatment of cerebral uræmia, in which the uses of drastic purging and forced diaphoresis are sufficiently well known as lessening the uræmic state, while means of controlling nervous irritability, the bromides, chloral, and chloroform, are helpful as withholding its convulsive effects, I will say a word upon the less trite topics, the prevention and possible cure of the lardaceous state. This condition is one in which medicinal treatment would seem to be suggested by the nature of the morbid change, and encouraged by a tendency to natural recovery which the disease, even in an advanced stage, will sometimes exhibit. But with the curative power inherent to the human frame, not in this case, however, so often successful as might be wished, comes the ever-present vice of therapeutics, the attributing to art what belongs to nature, a possibility of error which will probably never cease to increase the confidence of the confident practitioner, and the distrust of him who, in one sense more foolish, is wise enough to doubt.

"When the disease is consequent upon syphilis iodide of potassium is of marked effect in lessening the organic enlargement and ameliorating its other effects. Sometimes when a long-continued suppuration has come to an end, or greatly diminished, a retrogression in the resultant disease can be slowly followed, though no antidotal drugs have found place, if only the diet of the patient be liberal, and his general surroundings favorable to health. The special remedy which pathology suggests—one which

of late years I have used often and largely—is potash. I have found, in the first place, that under lasting suppuration potash salts can be given, not only without the depressing effects which sometimes attend their use as medicine, but to the improvement of the general health, and with the absence of lardaceous symptoms, which, in the circumstances of the case, would be at least a probable contingency.

"Further than this, I have given the salts of potash alone, or with quinine and iron, where visceral swelling, diarrhea, and albuminuria have betokened the disorder in an advanced shape. Under such treatment the liver and spleen have become measurably smaller, the urine less albuminous, the patient has gained flesh and weight, and all the symptoms have ameliorated. But chemicals put into the stomach are not brought to bear upon the tissues as if the treatment of disease were conducted in a test-tube, and the cure is at best a slow one. It is further obscured, or possibly simulated, by a shrinking, which the swollen organs sometimes naturally undertake.

"The most striking instance of recovery under treatment which has come under my notice was one in which the disease was associated with syphilis, and the treatment correspondingly modified. Great enlargement of the spleen and liver, albuminuria, diarrhoea, and emaciation, gave evidence of the disorder in a degree of seemingly hopeless severity. Iodide of potassium was given with potash and its vegetable salts. The patient was apparently cured; and on his death from an accidental cause three years afterward the viscera were found to have returned to their natural size, and only such traces of the lardaceous change were discovered as to warrant the belief that he had once had more of it.

"On the whole, reviewing my experience in this matter, I must admit that the administration of potash by itself has proved, I will not say useless, but disappointing; less effective than pathological deduction would lead us to hope.

"As to the use of remedies of the restorative and tonic class, iron, quinine, and cod-liver oil, there is unequivocal evidence. If the deficiency of potash be connected, as I have ventured to surmise, with loss or insufficient development of leucocytes, the disorder may perhaps be more appropriately met by means which promote the formation of those essential instruments of nutrition rather than by the mere introduction of material which, in their deficiency, perhaps can not be turned to vital purpose.

"The measures I have commonly—and numerous experience justifies me in saying beneficially—used have been liberal diet, with beef-tea, Liebig's extract, and vegetables which abound in potash-salts, together with liquor potassæ, phosphate of potash, iron, quinine, and sometimes cod-liver oil. The alkaline

remedies have been urged with the most obvious advantage during the persistence of suppuration.

"Nothing now remains for me to do but to thank this accomplished and critical audience for the forbearance with which they have listened to many tedious and possibly familiar details. I trust I have shown how the varieties of renal disease are not only complicated, but often inextricable; but how, according to the bias which prevails in each instance, different classes of secondary results follow; that among these the cardio-vascular change, however else it may arise, is a result of the vascular tension of uræmia, which, though more common with some forms of disease than others, may ensue upon any. Finally, in touching upon treatment, I have sought to show in what instances it is to be guided by a consideration of the special organic state, and where more frequently by the results which it has produced upon the patient."

**FUMIGATING PAPER.**—MR. H. M. Wilder makes the following suggestion: "Your correspondent, 'Drugs' (Detroit, Mich.), p. 94 in the May number, perhaps means *perfumed paper*, which is heated on the stove or over a lamp until sufficient of an agreeable perfume has been given off. The following is a specimen formula which 'Drugs' may alter to suit his nose: gum benzoin, 4 ounces; gum animé, shellac, each 2 ounces; sandarach, 1 ounce; alcohol, 1 pint. Digest, filter, and add: balsam peru, 12 drams; oil of lavender, bergamot, each 2 drams; oil of cloves, cassia, each  $\frac{1}{2}$  dram; dissolved in alcohol, 4 ounces. With a flat brush paint sheets of writing-paper on one side with the mixture, and let it dry; if considered necessary, the painting may be repeated. Cut the paper in small squares, say two to three inches. The fumigating tincture will not show on the reverse, if the paper has previously been dipped in an alum solution and dried. In heating the fumigating paper *do not burn it.*"—*Druggists' Circular.*

## Miscellany.

**CHARRIÈRE.**—Joseph Frederick Charrière, the founder of the great Parisian manufactory of surgical instruments, died recently of cerebral hemorrhage, in the seventy-fourth year of his age. He was born in the Canton of Fribourg, Switzerland, went to Paris at the age of twelve, and six years later became the head of a small surgical-instrument business. He began at once to attend the clinics and the operations at the various hospitals regu-

larly, and by his skill, industry, and evident desire to please, soon attracted the attention and won for himself the esteem and friendship of the prominent surgeons of the time, among others Dupuytren, who was ever after his firm friend and counsellor. His business grew rapidly, and instead of the forty workmen whom he employed in 1833, when he moved his factory to the *Rue de l'Ecole de Médecine*, his house now gives employment to two hundred. His fame as an instrument-maker spread to all quarters of the globe, and since 1833 his instruments have taken the first prizes in countless expositions, both national and international. In 1851 he was judged worthy of the highest award at the Exposition of London, but was deprived of his prize by the narrow-mindedness of the English jury. On returning to Paris he was recompensed for this injustice by the Cross of Officer of the Legion of Honor, which was conferred on him by the French government. M. Charrière was in his branch the foremost artist in Europe. To him we owe the present perfection of many of our most useful instruments, and, in fact, to his inventive genius we are indebted for many of the instruments themselves. He was also the first to construct the two-bladed lithotome, and without him the lithotrite might be still a dream. He was the first to substitute steel for iron in the manufacture of the instruments used in operations on the bladder. Scores of instruments that are now in daily use were improved, made lighter, stronger, more compact, and more portable by him; and for these improvements as much as for his inventions the medical profession owe him undying thanks. Through them not only has the skill of the surgeon been increased, but he has actually been enabled to attempt and perform hitherto impossible operations, while at the same time the sufferings of the patients and the risks of surgical intervention were greatly diminished. The work of this man was great, and its traces will long be met with. His pupils are to be found in every country, and the models

of his instruments, after forty years of use, have undergone but a few unimportant modifications. He deserves to be classed with the saints of the surgical calendar, and his name should be inscribed beneath those of Lisfranc, Dupuytren, Valpeau, Nélaton, Malgaigne, Récamier, and a host of others who have honored him with their friendship and their advice.—*Progrès Medical*.

—We have pleasure in noting the establishment, under a state charter, of the Kentucky Infirmary, instituted for the treatment of the diseases peculiar to females, the diseases of children, with an especial department of diseases of the eye, ear, and throat of women and children. The object of the board of regents in founding this infirmary is a most laudable one, and they have succeeded in placing at the service of that class of the community for whose benefit the charter was obtained the services of a competent medical staff. All the larger cities of the United States have already established hospitals for the treatment of the diseases of females, and the institution now noticed deserves the countenance of our citizens. The dispensary of this institution is now fully organized, and in a short time the infirmary will be ready for the reception of patients. The institution is under the supervision of a board of lady visitors, who are daily represented by the presence of a sub-committee.

—The publication of the Ohio Medical and Surgical Journal, at Columbus, began with June. It is edited by Dr. J. H. Pooley, Professor of Surgery in Starling Medical College, and published by Nevin & Myers. It is a bi-monthly magazine of one hundred pages. Terms of subscription \$2 per year. The first number presents an excellent appearance, and is filled with original matter of a high character.

—The report of the Convention of the Colleges was received so late that we can not make the comment upon it which its importance deserves. This is consequently deferred.